

Seminar Series presentations are considered a supplement to firefighter and Fire Officer classes offered by the Connecticut Fire Academy. Classes provided by the Connecticut Fire Academy comply with NFPA standards and best practices of the fire service. Seminar Series are also based on these standards and practices but can and often do include opinions of the subject matter experts that are delivering the presentation. Attending any number of the Seminar Series will allow the student to, not only add to their existing training; but also encourage the student to choose from the opinions of different speakers to develop their own style of strategies and tactics at emergency scenes, as well as inspire them to acquire more knowledge on fire service subjects.



Upcoming Seminar Speakers for 2013, you won't want to miss.

RIT Operations: Are We Making a Difference?

Asst. Chief James Crawford, SC Rescue
Friday, October 18, 2013

Officer Development

Dep. Chief Frank Viscuso, NJ Fire Dept
Friday, December 13, 2013

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Department of Emergency Services and Public Protection
Commission on Fire Prevention and Control
Connecticut Fire Academy

34 Perimeter Road
Windsor Locks, CT 06096-1069
860-627-6363, In-State Toll Free: 877-528-3473, Fax: 860-654-1889



2013 Instructor Development Seminar
12 Essential Elements of a Successful Training Program



Instructor Development Seminar

12 Essential Elements of a Successful Training Program



Sat. Sept. 14, 2013 Rescheduled Date

12 Essential Elements of a Successful Training Program

This program identifies the twelve critical elements needed to develop a comprehensive training program that will have an overwhelmingly positive impact on a department's operational capability and the ability and confidence of its members. While identifying the twelve essential elements contained within every successful training plan, the presentation will demonstrate how to identify training needs, as well as plan, implement, and balance a well-rounded training program with the demands and requirements placed upon the department. Discussion will include challenges faced by training officers throughout implementation, cookie-cutter training programs and their short falls, and the customization of the program to meet specific departmental needs.

Emphasis is placed on establishing buy-in from members of the department and placing accountability throughout. The program enables every department member from fire chief, company officer, and line firefighter to develop and maintain a positive training culture. An overview, operating procedures, forms, and other documents that are currently used as part of an effective all hazards training plan will be provided for all attendees.

The session will show that training is everyone's responsibility by ensuring that the department's capabilities and responses are the most they can be and that everyone is operating safely regardless of the emergency, so that everyone goes home.



Instructor Biography -

Jake Rhoades, -MS, EFO, CFO, CMO, MIFireE

Jake Rhoades is a 20-year veteran of the fire service, currently serving as the fire chief for the Edmond (Okla.) Fire Department. He formerly served as the deputy chief of Special Operations and Training for the Rogers (Ark.) Fire

Department. Rhoades holds a bachelor's degree from Oklahoma Christian University and a master's degree in executive fire service leadership. He serves on the board of directors for the IAFC Safety, Health and Survival Section and as a principle member of the NFPA technical committee for risk management.



Student Application Form

A separate application is required for each course.

Please print/type and mail/fax with payment to:

CFPC
34 Perimeter Road,
Windsor Locks, CT 06096-1069
Fax number: (860) 654-1889

Last Name _____ First _____
Address _____
City _____
State _____ Zip _____
Phone (Home) _____
Work _____
Cell _____ Pager _____
Fire Dept./Organization _____
Email _____

☐ Check box if you would like to subscribe your email address to the CFPC listserv.

Are you 18 years of age or older? ☐ Yes ☐ No
(No one under 18 is allowed to participate in hands-on programs)

Returned Check Policy

A \$25.00 fee will be assessed to all returned checks (insufficient funds, stop payment, etc). In order to complete your registration after the receipt of a returned check, you must submit cash, money order, or a bank check including the amount of tuition and the returned check fee to the registrar.

Please insert your ID number below:

ID Number _ _ _ - _ _ _ _

Your ID consists of the first (3) letters of your last name and the last (4) numbers of your social security number.

Example: John Adams - SS# 000-00-5555
The new ID # will be ADA-5555

As Chief of the (**Fire Department**):

or as Supervisor of the (**Organization**):

Print **Name**:

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

Chief or Supervisor (**Signature**):

No application will be accepted without tuition, authorized signature and proof of prerequisite (if required).

Register me for the following course:

Course Title **12 Essential Elements of a Successful Training Program**

Course # **13219**

Date **Saturday, Sept. 14, 2013** Tuition **\$40.00**

Method of Payment - Payment is required at time of registration. Do not send cash.

Faxes must include Credit Card or Purchase Order #.

☐ Check made payable to **CFPC**

☐ Purchase Order # _____

☐ VISA or MC Card # _____

Expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____